

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.**

Full Name (Last, First, Middle Initial)

JONATHAN EHRLICH

Mailing Address 240 CLIFF OVERLOOK

City

ATLANTA

State

GA

Zip Code

30350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WOMEN'S HEALTH ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.15154

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN P. ELLIOTT

Mailing Address 9210 EAST HACKAMORE DRIVE

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PHOENIX ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.14984

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

RICARDO E. ESTAPE

Mailing Address 7740 SOUTHWEST 73RD PLACE

City

MIAMI

State

FL

Zip Code

33143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VITAL MD

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.15129

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....